10/614481 09/07/2006

```
Connecting via Winsock to Dialog


Logging in to Dialog

Trying 31060000009998...Open

DIALOG INFORMATION SERVICES
PLEASE LOGON:
 ********
ENTER PASSWORD:
 ********
Welcome to DIALOG

Dialog level 05.24.00D

Last logoff:  28jan09 13:20:07
Logon file405 02feb09 14:19:38
           *** ANNOUNCEMENTS ***
                    ***
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how to use the link and a list of files that contain the link.
NEW FILE
***File 651, TRADEMARKSCAN(R) - China.  See HELP NEWS 651 for details.

RESUMED UPDATING
***File 523, D&B European Financial Records
                    ***
RELOADS COMPLETED
***File 227, TRADEMARKSCAN(R) - Community Trademarks
                    ***
FILES RENAMED
***File 321, PLASPEC now known as Plastic Properties Database
                    ***
FILES REMOVED
***File 388, PEDS: Defense Program Summaries
***File 588, DMS-FI Contract Awards

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 >>>a specific database by entering HELP NEWS <file number>.   <<<
>>>PROFILE is in a suspended state.
>>>Contact Dialog Customer Services to re-activate it.
* * *
SYSTEM:HOME
Cost is in DialUnits
Menu System II: D2 version 1.8.0 term=ASCII
                     *** DIALOG HOMEBASE(SM) Main Menu ***

 Information:
  1.  Announcements (new files, reloads, etc.)
  2.  Database, Rates, & Command Descriptions
  3.  Help in Choosing Databases for Your Topic
  4.  Customer Services (telephone assistance, training, seminars, etc.)
  5.  Product Descriptions

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  6.  DIALOG(R) Document Delivery
  7.  Data Star(R)

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      /H = Help            /L = Logoff           /NOMENU = Command Mode


Enter an option number to view information or to connect to an online
 service.  Enter a BEGIN command plus a file number to search a database
```

(e.g., B1 for ERIC).
? b 410

```
       02feb09 14:19:38 User217743 Session D753.1
            $0.00    0.285 DialUnits FileHomeBase
     $0.00  Estimated cost FileHomeBase
     $0.00  Estimated cost this search
     $0.00  Estimated total session cost    0.285 DialUnits

File 410:Dialog Customer Newsletters 2008
       (c) 2008 Dialog. All rts. reserv.

      Set   Items  Description
      ---   -----  -----------
? set hi ;set hi
HILIGHT set on as ''
HILIGHT set on as ''
? b 155
       02feb09 14:19:42 User217743 Session D753.2
            $0.00    0.121 DialUnits File410
     $0.00  Estimated cost File410
     $0.02  TELNET
     $0.02  Estimated cost this search
     $0.02  Estimated total session cost    0.406 DialUnits

File 155:MEDLINE(R) 1950-2009/Jan 28
       (c) format only 2009 Dialog
*File 155:  Medline has resumed updating with UD20081211.

      Set   Items  Description
      ---   -----  -----------
? s tnf and endometriosis
           71216  TNF
           15304  ENDOMETRIOSIS
      S1     151  TNF AND ENDOMETRIOSIS
? s s1 and py>1999
             151  S1
         5551846  PY>1999
      S2     120  S1 AND PY>1999
? s s 1 not s2
               0  S 1
             120  S2
      S3       0  S 1 NOT S2
? s s1 not s2
             151  S1
             120  S2
      S4      31  S1 NOT S2
? t s4/ti/all

 4/TI/1
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

  RANTES production by cultured primate endometrial epithelial cells.


 4/TI/2
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

  Tumor necrosis factor in peritoneal fluid from asymptomatic infertile
women.


 4/TI/3
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

  [Determination of the tumor necrosis factor in the peritoneal fluid of
gynecologic patients with intraperitoneal infections and
endometriosis]
  Determinacion del factor de necrosis tumoral en liquido peritoneal de
pacientes ginecologicas con infecciones intraperitoneales y
endometriosis.


 4/TI/4
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

  Role of cytokines in progression of endometriosis.


 4/TI/5
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

   Effect of IL-1 beta and TNF-alpha on the expression of monocyte
chemotactic protein-1 in endometriotic cells.
```

4/TI/6

[Determination of monocyte chemotactic protein-1 in cultured endometriotic cells]

4/TI/7

[Study on in vitro cytokines levels induced from peripheral mononuclear cells in patients with **endometriosis**]

4/TI/8

Integrin-mediated adhesion of uterine endometrial cells from **endometriosis** patients to extracellular matrix proteins is enhanced by tumor necrosis factor alpha (**TNF** alpha) and interleukin-1 (IL-1).

4/TI/9

In vitro expression of soluble and cell surface-associated CD44 on endometrial cells from women with and without **endometriosis**.

4/TI/10

[**TNF**-alpha secretion by peritoneal macrophages in **endometriosis**]
Die **TNF**-alpha-Sekretion von Peritonealmakrophagen bei Endometriose.

4/TI/11

The pattern of cytokine mRNA expression in ovarian endometriomata.

4/TI/12

Changes in immunologic variables (**TNF**-a, sCD8 and sCD4) during danazol treatment in patients with **endometriosis**.

4/TI/13

Prostaglandin E2 stimulates aromatase expression in **endometriosis**-derived stromal cells.

4/TI/14

Interleukin-8 concentration in peritoneal fluid of patients with **endometriosis** and modulation of interleukin-8 expression in human mesothelial cells.

4/TI/15

Secretion of interleukin-6 by human endometriotic cells and regulation by proinflammatory cytokines and sex steroids.

4/TI/16

[Significance of tumor necrosis factor alpha (**TNF**-alpha) in **endometriosis**]
Die Bedeutung des Tumornekrosefaktors Alpha (**TNF**-Alpha) bei der Endometriose.

4/TI/17

10/614481 09/07/2006

DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Peritoneal fluid cytokines and the relationship with **endometriosis** and pain.

4/TI/18
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Spontaneous and induced synthesis of cytokines by peripheral blood monocytes in patients with **endometriosis**.

4/TI/19
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Basal and stimulated secretion of cytokines by peritoneal macrophages in women with **endometriosis**.

4/TI/20
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

IL-1 beta, **TNF**-alpha, and IL-2 in peritoneal fluid and macrophage-conditioned media of women with **endometriosis**.

4/TI/21
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Whole endometrial fragments form characteristics of in vivo **endometriosis** in a mesothelial cell co-culture system: an in vitro model for the study of the histogenesis of **endometriosis**.

4/TI/22
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Tumor necrosis factor in peritoneal fluid of infertile women with **endometriosis** and its relation to sperm motility]

4/TI/23
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Cytokines and PAF release from human monocytes and macrophages: effect of hemoglobin and contaminants.

4/TI/24
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Elevated levels of interleukin-6 in ascites and serum from women with ovarian hyperstimulation syndrome.

4/TI/25
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Effect of tumor necrosis factor-alpha on adhesion of human endometrial stromal cells to peritoneal mesothelial cells: an in vitro system

4/TI/26
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Peritoneal fluid interleukin-1 beta and tumor necrosis factor in patients with benign gynecologic disease.

4/TI/27
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Release of tumor necrosis factor alpha by human peritoneal macrophages in response to toxic shock syndrome toxin-1.

4/TI/28
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Role of peritoneal inflammation in **endometriosis**-associated infertility.

10/614481 09/07/2006

4/TI/29
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Danazol suppresses the production of interleukin-1 beta and tumor necrosis factor by human monocytes.

4/TI/30
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

The effect of tumor necrosis factor on human sperm motility in vitro.

4/TI/31
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumor necrosis factor in peritoneal fluid of women undergoing laparoscopic surgery.
? t s4/3,ab,kwic/2,4,8,20,28,31

4/3,AB,KWIC/2
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

13301579 PMID: 10372449
Tumor necrosis factor in peritoneal fluid from asymptomatic infertile women.
Guerra-Infante F M; Flores-Medina S; Lopez-Hurtado M; Zamora-Ruiz A; Sosa Gonzalez I E; Narcio Reyes M L; Villagrana-Zessati R
Departamento de Microbiologia, Escuela Nacional de Ciencias Biologicas, Instituto Politecnico Nacional (ENCB-IPN), Mexico, D.F., Mexico. fguerra@alquimia.encb.ipn.mx
Archives of medical research (MEXICO) Mar-Apr 1999, 30 (2) p138-43, ISSN 0188-4409--Print Journal Code: 9312706
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: Tumor necrosis factor-alpha (**TNF**-alpha) is a cytokine that can be found in the peritoneal fluid (PF) of patients with **endometriosis** and pelvic inflammatory disease (PID) as a response to inflammatory disorders and infections. The cytotoxic effect of this cytokine could be a factor participating in the pathology of various gynecological diseases, and could also be accountable for the high immunological response and damage to the tubal epithelium. The objective of this study was to establish the presence of **TNF**-alpha in asymptomatic infertility and its association with various isolated bacteria. METHODS: Ten milliliters of PF were collected from each of 73 patients by means of laparoscopy and cultured in synthetic medium and McCoy cells for the isolation of aerobic and anaerobic bacteria, as well as for Chlamydia trachomatis. The activity of **TNF**-alpha was determined by means of a bioassay using L-929 cells. RESULTS: Forty-three percent of the PFs showed positive **TNF**-alpha activity, while the laparoscopic evaluation showed that 32 patients had Fallopian tube occlusion (FTO), 7 had **endometriosis**, 30 had PID, and 4 had myomas and adhesions. **TNF**-alpha activity was found to be high in FTO patients ($p < 0.05$). Positive cultures were found in 50.7% of patients; of these, 31.5% had PID ($p < 0.05$), and only 20.5% of positive cultures were **TNF**-alpha positive. Chlamydia trachomatis (16%) was the most frequently isolated bacteria in these patients. CONCLUSIONS: The detection of **TNF**-alpha could be useful in the diagnosis of active infectious and inflammatory diseases in asymptomatic infertile patients.

BACKGROUND: Tumor necrosis factor-alpha (**TNF**-alpha) is a cytokine that can be found in the peritoneal fluid (PF) of patients with **endometriosis** and pelvic inflammatory disease (PID) as a response to inflammatory disorders and infections. The cytotoxic...

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frequently isolated bacteria in these patients. CONCLUSIONS: The detection of TNF-alpha could be useful in the diagnosis of active infectious and inflammatory diseases in asymptomatic...

4/3,AB,KWIC/4
DIALOG(R)File 155:MEDLINE(R)

13205226 PMID: 10087426
Role of cytokines in progression of endometriosis.
Harada T; Enatsu A; Mitsunari M; Nagano Y; Ito M; Tsudo T; Taniguchi F; Iwabe T; Tanikawa M; Terakawa N
Department of Obstetrics and Gynecology, Tottori University School of Medicine, Yonago, Japan. tasuku@grape.med.tottori-u.ac.jp
Gynecologic and obstetric investigation (SWITZERLAND) 1999, 47 Suppl 1 p34-9; discussion 39-40, ISSN 0378-7346--Print Journal Code: 7900587
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Peritoneal fluid in women with endometriosis contains an increased number of activated macrophages that secrete a variety of cytokines, including interleukin (IL)-6, IL-8, vascular endothelial growth factor, and tumor necrosis factor-alpha (TNF-alpha). Cytokines may be involved in the control of implantation and the growth of endometrial cells outside the uterus. In addition, several cytokines have been implicated in or directly associated with angiogenic activity in endometriosis. There could be a relationship between the levels of cytokines in the peritoneal fluid of patients with endometriosis and the status of the lesions in such patients. Peritoneal endometriosis can be classified as having red, black, or white lesions. Red lesions are known to be an active form of early endometriosis, because vascularization and mitotic activity are shown to be most prominent in these lesions. We found that the peritoneal fluid levels of TNF-alpha and IL-8 were significantly higher in patients with endometriosis, and correlated with the size and number of active lesions. In addition, TNF-alpha and IL-8 stimulated the growth of ectopic endometrial stromal cells. These cytokines with angiogenic activity may therefore have significant roles in the pathogenesis of endometriosis.

Role of cytokines in progression of endometriosis.
Peritoneal fluid in women with endometriosis contains an increased number of activated macrophages that secrete a variety of cytokines, including interleukin (IL)-6, IL-8, vascular endothelial growth factor, and tumor necrosis factor-alpha (TNF-alpha). Cytokines may be involved in the control of implantation and the growth of endometrial...

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Descriptors: *Cytokines--physiology--PH; *Endometriosis--etiology --ET; Cell Division--drug effects--DE; Cytokines--metabolism--ME; Cytokines--pharmacology--PD; Disease Progression; Endometriosis --metabolism--ME; Endometriosis--pathology--PA; Endometrium--drug effects--DE; Endometrium--metabolism--ME; Extracellular Space--metabolism --ME; Humans; Interleukin...

4/3,AB,KWIC/8
DIALOG(R)File 155:MEDLINE(R)

13050264 PMID: 10597959
Integrin-mediated adhesion of uterine endometrial cells from endometriosis patients to extracellular matrix proteins is enhanced by tumor necrosis factor alpha (TNF alpha) and interleukin-1 (IL-1).
Sillem M; Prifti S; Monga B; Arslic T; Runnebaum B
Department of Obstetrics and Gynaecology, Ruprecht-Karls-Universitaet, Heidelberg, Germany. gyn@dkd-wiesbaden.de
European journal of obstetrics, gynecology, and reproductive biology (IRELAND) Dec 1999, 87 (2) p123-7, ISSN 0301-2115--Print

Journal Code: 0375672
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

OBJECTIVES: (1) to demonstrate specificity of integrin function in endometrial cell adhesion; (2) to investigate their regulation by tumor necrosis factor alpha (**TNF** alpha) and interleukin-1 (IL-1); and (3) to detect differences between cells from patients with and without **endometriosis**. STUDY DESIGN: Endometrial cell cultures from ten patients with and 13 without **endometriosis** were tested for their expression of integrins alpha2beta1, alpha5beta1, alpha(v)beta3, and alpha4beta1 by immunocytochemistry and for their adhesion to collagen type IV, laminin, and fibronectin. RESULTS: Integrin expression was independent of cytokine treatment. Addition of antiintegrin antibodies inhibited adhesion. A significant increase in adhesion to laminin and fibronectin was seen in **endometriosis** after IL-1 treatment and additionally to collagen after **TNF** alpha. Cells from women without **endometriosis** showed a significant increase only to fibronectin. CONCLUSIONS: Human endometrial cells express functional integrins in vitro. **TNF** alpha and IL-1 had more pronounced effects on adhesion in **endometriosis**. Inflammatory cytokines in the peritoneal cavity may facilitate adhesion of retrogradely menstruated endometrial fragments in **endometriosis**.

Integrin-mediated adhesion of uterine endometrial cells from **endometriosis** patients to extracellular matrix proteins is enhanced by tumor necrosis factor alpha (**TNF** alpha) and interleukin-1 (IL-1). ... function in endometrial cell adhesion; (2) to investigate their regulation by tumor necrosis factor alpha (**TNF** alpha) and interleukin-1 (IL-1); and (3) to detect differences between cells from patients with and without **endometriosis**. STUDY DESIGN: Endometrial cell cultures from ten patients with and 13 without **endometriosis** were tested for their expression of integrins alpha2beta1, alpha5beta1, alpha(v)beta3, and alpha4beta1 by...

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Descriptors: *Endometriosis--pathology--PA; *Endometrium--pathology --PA; *Extracellular Matrix Proteins--physiology--PH; *Integrins --physiology--PH; *Interleukin-1... ; Adult; Cell Death--drug effects--DE; Endometriosis--etiology--ET; Humans

4/3,AB,KWIC/20
DIALOG(R)File 155:MEDLINE(R)

11632888 PMID: 8607944
IL-1 beta, **TNF**-alpha, and IL-2 in peritoneal fluid and macrophage-conditioned media of women with **endometriosis**.
Keenan J A; Chen T T; Chadwell N L; Torry D S; Caudle M R
Department of OB/GYN, University of Tennessee Medical Center, Knoxville 37920-6999, USA.
American journal of reproductive immunology (New York, N.Y. - 1989) (DENMARK) Dec 1995, 34 (6) p381-5, ISSN 1046-7408--Print
Journal Code: 8912860
Publishing Model Print
Document type: In Vitro; Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

PROBLEM: The presence of various cytokines in human peritoneal fluid has been incompletely evaluated. Changes in cytokine levels may be related to the development of **endometriosis**, infertility, and activation of peritoneal macrophages. This study assesses levels of IL-1 beta, IL-2 and **TNF**-alpha in peritoneal fluid and macrophage conditioned media of women with **endometriosis**. METHOD: Peritoneal fluid was collected from 51 women at the time of diagnostic or operative laparoscopy for benign gynecologic disease. Peritoneal macrophages were isolated, cultured for 24 h, and the culture media collected. IL-1 beta, IL-2, and **TNF**-alpha levels were determined by commercial ELISA kits. RESULTS: The mean concentration of IL-1 beta and **TNF**-alpha was significantly higher in macrophage conditioned media of patients with **endometriosis** (P <

0.02). However, there were no significant changes in peritoneal fluid cytokine levels. Peritoneal macrophage concentrations were also higher in patients with **endometriosis**. CONCLUSION: This study supports the concept that **endometriosis** is associated with activation of peritoneal macrophages, and a higher concentration of these cells. This activation is reflected by the increased levels of cytokines found in macrophage conditioned media. The absence of significant changes in peritoneal fluid cytokine levels would seen to indicate that the above derangements are not responsible for the development or progression of **endometriosis**.

IL-1 beta, **TNF**-alpha, and IL-2 in peritoneal fluid and macrophage-conditioned media of women with **endometriosis**.
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... to indicate that the above derangements are not responsible for the development or progression of **endometriosis**.
Descriptors: *Ascitic Fluid--immunology--IM; ***Endometriosis**--immunology--IM; *Interleukin-1--metabolism--ME; *Interleukin-2--metabolism--ME; *Macrophages--immunology--IM; *Tumor Necrosis...
; Adult; Culture Media, Conditioned; **Endometriosis**--etiology--ET; Humans; Immunity, Cellular; Macrophage Activation

4/3,AB,KWIC/28
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

09796752 PMID: 2064186
Role of peritoneal inflammation in **endometriosis**-associated infertility.
Halme J
Department of Obstetrics and Gynecology, University of North Carolina, Chapel Hill 27599-7570.
Annals of the New York Academy of Sciences (UNITED STATES) 1991, 622 p266-74, ISSN 0077-8923--Print Journal Code: 7506858
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
This paper has discussed the evidence for the presence of infertility in patients with **endometriosis** and more critically reviewed some of the studies that have addressed the impact of various potential local peritoneal mechanisms that may lead to subfertility. Substantial evidence supports the notion that patients with **endometriosis** have reduced fecundability. Although several mechanisms, including, e.g., anatomic factors and ovulatory dysfunction, are possible, recent studies have pointed towards local inflammatory cells and their secretory products as being important mediators of subfertility. Ample evidence exists for the presence of an altered peritoneal inflammatory environment in patients with **endometriosis**. In addition, in vitro studies have identified peritoneal macrophages and their secretory products, specifically **TNF**-alpha as the most likely contributors to the reduced fecundability through effects on sperm function.

Role of peritoneal inflammation in **endometriosis**-associated infertility.
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... Ample evidence exists for the presence of an altered peritoneal inflammatory environment in patients with **endometriosis**. In addition,

in vitro studies have identified peritoneal macrophages and their secretory products, specifically TNF-alpha as the most likely contributors to the reduced fecundability through effects on sperm function.
Descriptors: *Endometriosis--complications--CC; *Infertility, Female--complications--CC; *Peritonitis--complications--CC; Endometriosis--physiopathology--PP; Humans; Infertility, Female--physiopathology--PP; Peritonitis--physiopathology--PP

4/3,AB,KWIC/31
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

08723501 PMID: 2971579
Tumor necrosis factor in peritoneal fluid of women undergoing laparoscopic surgery.
Eisermann J; Gast M J; Pineda J; Odem R R; Collins J L
Department of Obstetrics and Gynecology, Washington University School of Medicine, Saint Louis, Missouri 63110.
Fertility and sterility (UNITED STATES) Oct 1988, 50 (4) p573-9, ISSN 0015-0282--Print Journal Code: 0372772
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
The level of tumor necrosis factor (TNF) in peritoneal fluid (PF-TNF) of 74 women undergoing laparoscopy was determined. The difference between the mean concentration of PF-TNF of women with normal pelvic anatomy and women with moderate or severe endometriosis was significant (P less than 0.01). The proportion of PF-TNF-positive women with PID and those with moderate or severe endometriosis was also significantly higher when compared to women with normal pelvic anatomy (P less than 0.05; P less than 0.02). The proportion of PF-TNF positive women among nulligravid and nulliparous women was significantly higher than that of women with two or more pregnancies (P less than 0.01) and two or more deliveries (P less than 0.005). These results indicate that the presence of PF-TNF is associated with primary infertility and endometriosis.

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... more deliveries (P less than 0.005). These results indicate that the presence of PF-TNF is associated with primary infertility and endometriosis.
; Adolescent; Adult; Antibodies; Cell Line; Endometriosis--metabolism--ME; Endometriosis--surgery--SU; Humans; Laparoscopy
? s (etanercept or infliximab or enbrel)
2016 ETANERCEPT
4585 INFLIXIMAB
131 ENBREL
S5 5739 (ETANERCEPT OR INFLIXIMAB OR ENBREL)
? s s5 and endometriosis
5739 S5
15304 ENDOMETRIOSIS
S6 8 S5 AND ENDOMETRIOSIS
? t s6/3,ab/all

6/3,AB/1
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

28130410 PMID: 18556683
Anti-TNF-alpha treatment for deep endometriosis-associated pain: a randomized placebo-controlled trial.
Koninckx P R; Craessaerts M; Timmerman D; Cornillie F; Kennedy S
Department of Obstetrics and Gynaecology, UZ Gasthuisberg, Katholieke Universiteit Leuven, B3000 Leuven, Belgium pkoninckx@gmail.com
Human reproduction (Oxford, England) (England) Sep 2008, 23 (9) p2017-23, ISSN 1460-2350--Electronic Journal Code: 8701199
Publishing Model Print-Electronic
Document type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM

Record type: MEDLINE; Completed
BACKGROUND: **Endometriosis** is associated with an inflammatory response. Hence **infliximab**, an anti-TNF-alpha monoclonal antibody, might relieve pain. METHODS: A randomized placebo-controlled trial was designed with 21 women with severe pain and a rectovaginal nodule of at least 1 cm. After 1 month of observation, three infusions of **infliximab** (5 mg/kg) or placebo were given. Surgery was performed 3 months later and follow-up continued for 6 months. The primary end-point was pain (dysmenorrhea, deep dyspareunia and non-menstrual pain) rated at each visit by the clinician and on a daily basis by the patient who in addition scored pain by visual analog pain scale and analgesia intake. Secondary end-points included the volume of the endometriotic nodule, pelvic tenderness and the visual appearance of endometriotic lesions at laparoscopy. RESULTS: Pain severity decreased during the treatment by 30% in both the placebo ($P < 0.001$) and **infliximab** groups ($P < 0.001$). However, no effect of **infliximab** was observed for any of the outcome measures. After surgery, pain scores decreased in both groups to less than 20% of the initial value. CONCLUSIONS: **Infliximab** appears not to affect pain associated with deep **endometriosis**. Treatment is associated with an important placebo effect. After surgery, pain decreases to less than 20%. Trials registration number ClinicalTrials.gov: NCT00604864.

6/3,AB/2
DIALOG(R)File 155:MEDLINE(R)

26819660 PMID: 17985235
Interactions between TNF and GnRH.
MacEwan David J
School of Chemical Sciences and Pharmacy, University of East Anglia, Norwich, NR4 7TJ, UK. d.macewan@uea.ac.uk
Neurochemical research (United States) Apr 2008, 33 (4) p678-82, ISSN 0364-3190--Print Journal Code: 7613461
Publishing Model Print-Electronic
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Tumour necrosis factor (TNF) ligand members and their associated TNF receptor (TNFR) superfamilies have many diverse physiological roles. TNF is thought to play a critical role in the pathophysiology of a range of diseases including refractory asthma, sepsis, ankylosing spondylitis, lupus, type II diabetes, multiple sclerosis and psoriasis. The recent continued expansion of the novel anti-TNF therapeutic agents (**etanercept** and **infliximab**) has seen major improvements in the treatment of some inflammatory-based human diseases including notably rheumatoid arthritis and Crohn's disease, with other conditions currently being trialled using anti-TNF agents. The cellular signalling machinery used by TNFRs to achieve their many cellular responses are discussed, as is the gonadotrophin-releasing hormone (GnRH) receptor signalling mechanisms. TNF is known to have many actions throughout the body including effects on the hypothalamic-pituitary-adrenal/gonadal axes, with many anti-gonadotrophic effects including a role in the development of **endometriosis**. These interactions between TNF, GnRH and gonadotrophs are discussed.

6/3,AB/3
DIALOG(R)File 155:MEDLINE(R)

17198699 PMID: 16785259
Tumour necrosis factor-alpha blockers: potential limitations in the management of advanced **endometriosis**? A case report.
Shakiba Khashayar; Falcone Tommaso
Department of Obstetrics and Gynecology, Cleveland Clinic Foundation, Cleveland, OH 44195, USA.
Human reproduction (Oxford, England) (England) Sep 2006, 21 (9) p2417-20, ISSN 0268-1161--Print Journal Code: 8701199
Publishing Model Print-Electronic
Document type: Case Reports; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Several studies have shown that tumour necrosis factor (TNF)-alpha levels are increased in the peritoneal fluid of women with **endometriosis**, with correlation between TNF-alpha concentrations and the degree of disease. It is also likely that elevation of peritoneal fluids' TNF-alpha levels may play a role in the pathogenesis of infertility associated with **endometriosis**. Use of drugs such as **etanercept**, a TNF-alpha receptor immunoglobulin fusion protein which inhibits TNF-alpha activity, showed in an animal study to reduce the severity of the disease, and the

size of endometriotic foci. TNF-alpha blockers were recommended as a possible new line of therapy for **endometriosis**. Our case involved a 35-year-old Para 0, with rheumatic arthritis and stage 4 **endometriosis**. After 6 years of constant use of **etanercept**, she showed no improvement of **endometriosis** as demonstrated at laparoscopy. However, she underwent a successful IVF after the first attempt. TNF-alpha-blocker medications might not be beneficial for patients with advanced **endometriosis**. However, we cannot exclude the possible effect of these medications on early-stage **endometriosis**, and further study is required. Some of the immunologic abnormalities in the pelvis of patients with **endometriosis** could be the consequence of the disease and not the cause, and possibly suppression of immune cells and their products may not have a major effect on endometriotic lesions at an advanced stage. This also could explain why suppression of TNF-alpha showed no effect on infertility. However, use of TNF-alpha-blockers before IVF might increase the success rate in advanced **endometriosis**.

6/3,AB/4
DIALOG(R)File 155:MEDLINE(R)

16432826 PMID: 15950634
Infliximab may reverse the toxic effects induced by tumor necrosis factor alpha in human spermatozoa: an in vitro model.
Said Tamer M; Agarwal Ashok; Falcone Tommaso; Sharma Rakesh K; Bedaiwy Mohamed A; Li Liang
Center for Advanced Research in Human Reproduction, Infertility, and Sexual Function, The Cleveland Clinic Foundation, Cleveland, Ohio, USA.
Fertility and sterility (United States) Jun 2005, 83 (6) p1665-73, ISSN 1556-5653--Electronic Journal Code: 0372772
Publishing Model Print
Document type: Comparative Study; Controlled Clinical Trial; Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
OBJECTIVE: To examine the toxic effects of tumor necrosis factor alpha (TNF-alpha) on ejaculated spermatozoa and evaluate the ability of **infliximab** to reverse these effects. DESIGN: Prospective controlled study. SETTING: Cleveland Clinic Foundation, Cleveland, Ohio. PATIENT(S): Thirty-one healthy sperm donors. INTERVENTION(S): Exposure of human spermatozoa to varying concentrations of TNF-alpha (100, 300, 400, 500 pg/mL, and 2.5 microg/mL) and **infliximab** (400 microg/mL). MAIN OUTCOME MEASURE(S): Sperm motility, functional integrity of plasma membrane, and DNA fragmentation. RESULT(S): Spermatozoa quality declined following incubation with TNF-alpha in a dose-dependent and time-dependent manner. Sperm motility and membrane integrity were higher in the samples incubated with TNF-alpha plus **infliximab** than in the samples treated with TNF-alpha only. These parameters improved significantly and were comparable with both controls and sperm incubated with **infliximab** alone. Similarly, the percentage of spermatozoa with DNA fragmentation improved significantly following incubation with TNF-alpha plus **infliximab** and again was comparable with both controls and sperm incubated with **infliximab** alone. CONCLUSION(S): Spermatozoa may be exposed to abnormal levels of TNF-alpha in the male reproductive tract or during their passage into the female reproductive tract (in cases of **endometriosis**). Exposing spermatozoa to pathological concentrations of TNF-alpha can result in significant loss of their functional and genomic integrity. **Infliximab** could potentially be used to help treat female infertility caused by **endometriosis** in those with elevated levels of TNF-alpha in their peritoneal fluid.

6/3,AB/5
DIALOG(R)File 155:MEDLINE(R)

15671008 PMID: 15019808
Efficacy of anti-tumor necrosis factor therapy in the treatment of spontaneous **endometriosis** in baboons.
Barrier Breton F; Bates G Wright; Leland M Michelle; Leach D Alan; Robinson Randal D; Propst Anthony M
Southwest Foundation for Biomedical Research, San Antonio, TX, USA. breton.barrier@lackland.af.mil
Fertility and sterility (United States) Mar 2004, 81 Suppl 1 p775-9, ISSN 0015-0282--Print Journal Code: 0372772
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
OBJECTIVE: To determine the efficacy of anti-tumor necrosis factor therapy (**etanercept**) for treating **endometriosis** in baboons.

DESIGN: A randomized, placebo-controlled, blinded study using the baboon **endometriosis** model. SETTING: Southwest National Primate Research Center. ANIMAL(S): Twelve female baboons with spontaneous peritoneal **endometriosis**. INTERVENTION(S): **Etanercept** (n = 8) or sterile water (n = 4) was administered subcutaneously three times per week. MAIN OUTCOME MEASURE(S): After 8 weeks, the number, color, and surface area of peritoneal lesions was evaluated. Revised American Society for Reproductive Medicine staging was used. RESULT(S): A statistically significant decrease in red lesion surface area in the treatment group was observed. A trend toward a decrease in the absolute number of red lesions was noted in the treatment group. White and black lesion number and total surface area slightly increased in both groups but failed to achieve statistical significance. **Endometriosis** was diagnosed in 60% of captive-born baboons with primary infertility. CONCLUSION(S): These results indicate that **etanercept** effectively reduces the amount of spontaneously occurring active **endometriosis** in the baboon.

6/3,AB/6
DIALOG(R)File 155:MEDLINE(R)

14980928 PMID: 12450770
Endometriosis is sustained by tumour necrosis factor-alpha.
Bullimore D W
Barnsley District General Hospital Trust, Barnsley, UK. dwwbullimore@compuserve.com
Medical hypotheses (Scotland) Jan 2003, 60 (1) p84-8, ISSN 0306-9877--Print Journal Code: 7505668
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Endometriosis is a common gynaecological disorder causing pain, infertility, and emotional distress. Evidence presented here suggests that abnormal production of tumour necrosis factor-alpha (TNF-alpha) is required for the establishment and maintenance of **endometriosis** and also is responsible for the associated infertility through its effect on sperm motility and function and oocyte development. **Infliximab**, which blocks TNF-alpha function, could be used in the treatment of **endometriosis** to reverse the above effects.

6/3,AB/7
DIALOG(R)File 155:MEDLINE(R)

14835153 PMID: 12372447
Peritoneal fluid-mediated enhancement of eutopic and ectopic endometrial cell proliferation is dependent on tumor necrosis factor-alpha in women with **endometriosis**.
Braun Donald P; Ding Jianchi; Dmowski W Paul
Institute for the Study and Treatment of Endometriosis and Rush Medical College, Chicago, Illinois, USA. dbraun@rmco.edu
Fertility and sterility (United States) Oct 2002, 78 (4) p727-32, ISSN 0015-0282--Print Journal Code: 0372772
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
OBJECTIVE: To determine the effect of autologous peritoneal fluid and tumor necrosis factor-alpha (TNF-alpha) on proliferation of endometrial cells from women with **endometriosis**. DESIGN: Endometrial cells from eutopic and ectopic endometrium were cultured in vitro with peritoneal fluids or recombinant TNF-alpha for 72 hours before DNa synthesis determination by 3H-thymidine labeling and liquid scintillation counting. SETTING: An institute for the study and treatment of **endometriosis** and university-based research laboratories. PATIENT(S): Thirty-five women with **endometriosis** and 17 controls without **endometriosis**. MAIN OUTCOME MEASURE(S): In vitro incorporation of 3H-thymidine in endometrial cells was examined. RESULT(S): Peritoneal fluid from women with **endometriosis** enhanced proliferation of autologous and heterologous endometrial cell cultures from women with **endometriosis**. The soluble TNF-receptor **etanercept** blocked the ability of peritoneal fluid from women with **endometriosis** to enhance proliferation of eutopic or ectopic endometrial cells. Recombinant TNF-alpha also enhanced proliferation of eutopic and ectopic endometrial cells from women with **endometriosis**. In contrast, autologous peritoneal fluid, heterologous peritoneal fluid from women with **endometriosis** , and recombinant TNF-alpha failed to enhance, and often inhibited, the proliferation of eutopic endometrial cells from controls without **endometriosis** . CONCLUSION(S): Endometrial cells from women with **endometriosis** can

utilize factors in peritoneal fluids, such as TNF-alpha, to facilitate proliferation in ectopic environments. Endometrial cells from women without **endometriosis** do not share this ability, suggesting that this abnormality is etiologically related to development of the disease. Therapy with agents that block the effects of TNF-alpha may be warranted.

6/3,AB/8
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

14424670 PMID: 11892935
Etanercept. Immunex.
Pugsley M K
Department of Pharmacology, Xoma (US) LLC, Berkeley, CA 94710, USA. PUGSLEY@xoma.com
Current opinion in investigational drugs (London, England - 2000) (England) Dec 2001, 2 (12) p1725-31, ISSN 1472-4472--Print
Journal Code: 100965718
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Immunex has developed and launched **etanercept**, a soluble TNF receptor (TNFR) fusion protein, for the treatment of rheumatoid arthritis (RA). It has also been developed for various TNF-mediated conditions such as congestive heart failure, **endometriosis** and multiple sclerosis. **Etanercept** has been launched as a second-line agent in the US for the treatment of moderate-to-severe RA and can be used in conjunction with methotrexate in patients unresponsive to methotrexate alone. It is also available in the EU. In 2000, it was in phase III trials for psoriatic arthritis and an NDA filing for this indication was expected for the first half of 2001. In July 2001, the sBLA was filed, and in September 2001, the FDA granted the sBLA Priority Review status. As of January 2001, **etanercept** was in phase III trials for congestive heart failure, with sNDA filing expected in 2002; however, by March 2001, these had been halted, as it did not appear that statistical significance would be reached for the efficacy endpoints. Further data analysis was being undertaken at this time, before a final decision was taken. In April 2001, Merrill Lynch reported that development for this indication was to be halted. Sales for the drugs first full quarter on the market in 1999 were US $59.7 million. By November 1999 the drug had made sales of US $500 million; Immunex expected the drug to generate over US $2 billion in annual sales by 2004. In September 2000, Merrill Lynch reported that if sales of the drug continued at the present rate then it is likely that demand would temporarily outstrip supply in 2001. Resolution of the supply issue was expected by 2002. Also in September 2000, Merrill Lynch lowered their estimate of sales in 2001 from US $1 billion to $927 million. In the long-term, Merrill Lynch believed that the drug has the potential to exceed US $5 billion in sales in the US. In April 2001, Merrill Lynch predicted that **etanercept** prescribed for RA would generate sales of US $71 in 2002 rising to US $600 million in 2005. In October 2001, Morgani Stanley reported that **Enbrel** continues to be the primary source of revenue of Immunex (US $198.1 million). It was also reported that if launched for CHF, an estimated peak year revenue was likely to be US $500 million. The company maintains a website containing additional information about **etanercept** at http://www.enbrelinfo.com

```
? s (etanercept or infliximab or enbrel) and (conception or pregnancy or ovulation)
          2016  ETANERCEPT
          4585  INFLIXIMAB
           131  ENBREL
         16824  CONCEPTION
        627778  PREGNANCY
         33759  OVULATION
      S7    75  (ETANERCEPT OR INFLIXIMAB OR ENBREL) AND (CONCEPTION OR
               PREGNANCY OR OVULATION)
? s s7 not s6
            75  S7
             8  S6
      S8    75  S7 NOT S6
? s t s8/ti/all
>>>Possible typing error near /
? t s8/ti/all
```

8/TI/1
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Infliximab use during **pregnancy** revisited.

8/TI/2
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Infliximab]
Infliximab.

8/TI/3
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Treatment of patients with rheumatoid arthritis who desire to become pregnant--successful **pregnancy** in three cases treated with **etanercept**]

8/TI/4
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Treatment safety in inflammatory bowel disease.]
Seguridad de los tratamientos en la enfermedad inflamatoria intestinal.

8/TI/5
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Evidence-based therapy for cutaneous sarcoidosis.

8/TI/6
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Anti-TNF biologics in the treatment of chronic inflammatory bowel disease]
Anti-TNF-Biologika in der Therapie chronisch-entzundlicher Darmerkrankungen.

8/TI/7
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

A case of planned **pregnancy** with an interruption in **infliximab** administration in a 27-year-old female patient with rheumatoid-factor-positive polyarthritis juvenile idiopathic arthritis which improved after restarting **infliximab** and methotrexate.

8/TI/8
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Effects and treatment of inflammatory bowel disease during **pregnancy**.

8/TI/9
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Treatment with tumor necrosis factor inhibitors and intravenous immunoglobulin improves live birth rates in women with recurrent spontaneous abortion.

8/TI/10
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Is **infliximab** safe to use while breastfeeding?

8/TI/11
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and inflammatory bowel disease: a prospective case-control study.

8/TI/12
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Review article: use of antitumour necrosis factor therapy in inflammatory bowel disease during **pregnancy** and **conception**.

8/TI/13
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Treatment of chronic inflammatory bowel diseases]
Traitement des maladies inflammatoires chroniques de l'intestin.

8/TI/14

Safe use of **infliximab** for the treatment of fistulizing Crohn's disease during **pregnancy** within 3 months of **conception**.

8/TI/15

[**Etanercept** and **pregnancy**]
Etanercept y embarazo.

8/TI/16

Pregnancy and breastfeeding in patients with Crohn's disease.

8/TI/17

Update on the Japanese guidelines for the use of **infliximab** and **etanercept** in rheumatoid arthritis.

8/TI/18

Crohn's disease: a patient's perspective.

8/TI/19

Review article: Reproduction in the patient with inflammatory bowel disease.

8/TI/20

Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)-alpha therapy.

8/TI/21

[Treatment guidelines for the use of biologics in rheumatoid arthritis; present and future]

8/TI/22

Efficacy and safety of **etanercept** in psoriasis/psoriatic arthritis: an updated review.

8/TI/23

Interleukin 10 regulates inflammatory cytokine synthesis to protect against lipopolysaccharide-induced abortion and fetal growth restriction in mice.

8/TI/24

Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)-alpha therapy.

8/TI/25

Thiopurine treatment in inflammatory bowel disease: clinical pharmacology and implication of pharmacogenetically guided dosing.

8/TI/26

Cutaneous sarcoidosis therapy updated.

8/TI/27

Efficacy and safety of **Etanercept**, high-dose intravenous gammaglobulin and plasmapheresis combined therapy for lupus diffuse proliferative nephritis complicating **pregnancy**.

8/TI/28

Insights in immunomodulatory therapies for ulcerative colitis and Crohn's disease.

8/TI/29

Rheumatoid arthritis in **pregnancy**: successful outcome with anti-TNF agent (**Etanercept**).

8/TI/30

Case report: evidence for transplacental transfer of maternally administered **infliximab** to the newborn.

8/TI/31

[Biologics in the treatment of psoriasis]
Hoffnung fur schwerste Falle: "Biowaffen" gegen Psoriasis.

8/TI/32

Appropriate treatment for Crohn's disease: methodology and summary results of a multidisciplinary international expert panel approach--EPACT.

8/TI/33

Safety of **etanercept** in psoriasis: a critical review.

8/TI/34

[When are "biologics" indicated?]
Wann sind "Biologics" indiziert?

8/TI/35

Effect of intentional **infliximab** use throughout **pregnancy** in inducing and maintaining remission in Crohn's disease.

8/TI/36

Tumor necrosis factor-alpha inhibition and VATER association: a causal relationship.

8/TI/37

European evidence based consensus on the diagnosis and management of Crohn's disease: current management.

8/TI/38

10/614481 09/07/2006

DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

To be or not to be: **infliximab** during **pregnancy**?

8/TI/39
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

A woman with rheumatoid arthritis whose condition did not improve during **pregnancy**.

8/TI/40
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Infliximab continuation rates in patients with rheumatoid arthritis in everyday practice.

8/TI/41
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Liver abscesses as a complication of Crohn's disease]
Leverabcessen als complicatie bij de ziekte van Crohn.

8/TI/42
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Current concepts in the etiology and treatment of Behcet disease.

8/TI/43
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumour necrosis factor alpha and use of **infliximab**. Safety during **pregnancy**.

8/TI/44
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Four-year observation of **etanercept** therapy for rheumatoid arthritis in a single German center]
Etanercept behandlung bei rheumatoider Arthritis--monozentrische Langzeitbeobachtung uber vier Jahre.

8/TI/45
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Appropriateness of immunosuppressive drugs in inflammatory bowel diseases assessed by RAND method: Italian Group for IBD (IG-IBD) position statement.

8/TI/46
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Adalimumab use in **pregnancy**.

8/TI/47
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Intentional **infliximab** use during **pregnancy** for induction or maintenance of remission in Crohn's disease.

8/TI/48
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and inflammatory bowel disease.

8/TI/49
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Outcome of **pregnancy** in women receiving **infliximab** for the treatment of Crohn's disease and rheumatoid arthritis.

8/TI/50
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Infliximab in the treatment of Crohn's disease -- a practical approach. Infliximab and chronic Crohn's disease--Consensus statement of the Working Group on Chronic Inflammatory Crohn's Diseases of the CGGH]
Infliximab in der Therapie des Morbus Crohn -- ein praktischer Leitfaden. Infliximab und Morbus Crohn -- Konsensuspapier der Arbeitsgruppe Chronisch-entzundliche Darmerkrankungen der CGGH.

8/TI/51
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Inflammatory bowel disease: management issues during **pregnancy**.

8/TI/52
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy in a rheumatoid arthritis patient on **infliximab** and methotrexate.

8/TI/53
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Ulcerative colitis and **pregnancy**.

8/TI/54
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

New drugs for rheumatoid arthritis.

8/TI/55
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Maintenance of remission in Crohn's disease: current and emerging therapeutic options.

8/TI/56
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Safety of tumour necrosis factor-alpha antagonists.

8/TI/57
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Systemic treatment of cutaneous lupus erythematosus]
Systemische Therapie des kutanen Lupus erythematodes.

8/TI/58
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Drug therapy of rheumatoid arthritis]
Die medikamentose Behandlung der rheumatoiden Arthritis.

8/TI/59
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Rheumatology 2003-part I: research news concerning pathogenesis, epidemiology, diagnosis, and therapy of chronic inflammatory joint diseases]
Rheumatologie 2003-Teil I Neue Forschungsergebnisse zur Pathogenese, Epidemiologie, Diagnostik und Therapie chronisch-entzundlicher Gelenkerkrankungen.

8/TI/60
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

The use of **etanercept** and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.

8/TI/61
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and exposure to **infliximab** (anti-tumor necrosis factor-alpha monoclonal antibody).

8/TI/62
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

The use of disease modifying antirheumatic drugs in women with rheumatoid arthritis of childbearing age: a survey of practice patterns and **pregnancy** outcomes.

8/TI/63
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Maintaining a remission]
Remissionserhaltung.

8/TI/64
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Chronically active Crohn's disease]
Chronisch-aktiver Morbus Crohn.

8/TI/65
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Hormone mediation of immune responses in the progression of diabetes, rheumatoid arthritis and periodontal diseases.

8/TI/66
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Thalidomide as "salvage" therapy for patients with delayed hypersensitivity response to **infliximab**: a case series.

8/TI/67
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Anti-tumour necrosis factor therapy in Crohn's disease: where are we now?

8/TI/68
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Successful **ovulation** induction, **conception**, and normal delivery after chronic therapy with **etanercept**: a recombinant fusion anti-cytokine treatment for rheumatoid arthritis.

8/TI/69
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Infliximab treatment and **pregnancy** outcome in active Crohn's disease.

8/TI/70
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Comparative tolerability of treatments for inflammatory bowel disease.

8/TI/71
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

[Remicade (**infliximab**) in the treatment of Crohn disease]
Remicade (**infliximab**) dans le traitement de la maladie de Crohn.

8/TI/72
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Using an analogous monoclonal antibody to evaluate the reproductive and chronic toxicity potential for a humanized anti-TNFalpha monoclonal antibody.

8/TI/73
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Updating the approach to Crohn's disease.

8/TI/74
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Etanercept: a review of its use in rheumatoid arthritis.

8/TI/75
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Update on treatment of rheumatoid arthritis.

```
? s s7 not s6ds
                75  S7
                 0  S6DS
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? ds

Set      Items    Description
S1         151    TNF AND ENDOMETRIOSIS
S2         120    S1 AND PY>1999
S3           0    S1 NOT S2
S4          31    S1 NOT S2
S5        5739    (ETANERCEPT OR INFLIXIMAB OR ENBREL)
S6           8    S5 AND ENDOMETRIOSIS
S7          75    (ETANERCEPT OR INFLIXIMAB OR ENBREL) AND (CONCEPTION OR PR-
                  EGNANCY OR OVULATION)
S8          75    S7 NOT S6
S9          75    S7 NOT S6DS
? t s9 60, 68, 61, 46, 43, 24, 12, 9
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? t s9/ti,ab,kwic/ 60, 68, 61, 46, 43, 24, 12, 9
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9/TI,AB,KWIC/60
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

The use of **etanercept** and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.

The use of **etanercept** and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.
Descriptors: *Immunoglobulin G--therapeutic use--TU; *Infertility, Female --drug therapy--DT; *Pregnancy Outcome; *Receptors, Tumor Necrosis Factor--therapeutic use--TU; *Tumor Necrosis Factor-alpha--antagonists and inhibitors...
; Adult; Humans; Immunoglobulin G--adverse effects--AE; Infertility, Female --diagnosis--DI; **Pregnancy**; **Pregnancy, High-Risk**; Risk Assessment; Treatment Outcome; Tumor Necrosis Factor-alpha--therapeutic use --TU

9/TI,AB,KWIC/68
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Successful **ovulation** induction, **conception**, and normal delivery after chronic therapy with **etanercept**: a recombinant fusion anti-cytokine treatment for rheumatoid arthritis.
Etanercept (**Enbrel**; Wyeth-Ayerst/Immunex Inc, Seattle, WA, USA) is a subcutaneously administered novel fusion protein consisting of the extracellular ligand-binding domain of the 75 kD receptor for tumor necrosis factor-alpha (anti-TNFalpha) and the Fc portion of human IgG1. The agent is synthesized by plasmid transfection of a Chinese hamster ovary cell line, utilizing recombinant DNA technology. **Etanercept** was approved by the US FDA for treatment of multi-drug resistant rheumatoid arthritis in 1998, but no human data exist regarding the impact of anti-TNFalpha therapy on human reproductive function or its use before **ovulation** induction. As TNFalpha potentiates collagenolysis via matrix metalloproteinase gene expression (thereby facilitating **ovulation**), there exists a theoretical risk that TNFalpha-inhibition could exert an undesirable effect on **ovulation** and **pregnancy**.
In this report, we describe the first case of **ovulation** induction, intrauterine insemination, normal **pregnancy** and singleton delivery of a healthy infant following chronic (>1 year) pre-ovulatory TNFalpha-inhibitor therapy for rheumatoid arthritis. Reproductive endocrinologists and obstetrician-gynecologists should be familiar with **etanercept** therapy in the context of severe rheumatic disease, and offer appropriate reassurance regarding its safe use for infertility patients planning **ovulation** induction.

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Descriptors: *Antirheumatic Agents--therapeutic use--TU; *Arthritis, Rheumatoid--drug therapy--DT; *Immunoglobulin G--therapeutic use--TU; *Ovulation Induction; *Pregnancy Complications--drug therapy--DT; *Receptors, Tumor Necrosis Factor--therapeutic use--TU; *Tumor Necrosis Factor-alpha...; Adult; Arthritis, Rheumatoid--physiopathology--PP; Humans; Infant, Newborn; Pregnancy

9/TI,AB,KWIC/61
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and exposure to **infliximab** (anti-tumor necrosis factor-alpha monoclonal antibody).

Pregnancy and exposure to **infliximab** (anti-tumor necrosis factor-alpha monoclonal antibody).
Descriptors: *Antibodies, Monoclonal--therapeutic use--TU; *Crohn Disease--drug therapy--DT; *Gastrointestinal Agents--therapeutic use--TU; *Pregnancy Complications--drug therapy--DT; *Pregnancy Outcome; *Prenatal Exposure Delayed Effects; Adult; Humans; Pregnancy
Chemical Name: Antibodies, Monoclonal; Gastrointestinal Agents; **infliximab**

9/TI,AB,KWIC/46
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Adalimumab use in **pregnancy**.

Adalimumab use in **pregnancy**.
Descriptors: *Antibodies, Monoclonal--therapeutic use--TU; *Crohn Disease--drug therapy--DT; *Gastrointestinal Agents--therapeutic use--TU; *Pregnancy Complications--drug therapy--DT; Adult; Drug Resistance; Humans; **Pregnancy**; **Pregnancy Outcome**
Chemical Name: Antibodies, Monoclonal; Gastrointestinal Agents; adalimumab; **infliximab**

9/TI,AB,KWIC/43
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumour necrosis factor alpha and use of **infliximab**. Safety during **pregnancy**.
QUESTION: A 27-year-old patient of mine with rheumatoid arthritis has been treated with **infliximab** for the last 5 years. She is planning her first **pregnancy**. How should I advise her regarding use of **infliximab** during **pregnancy**, bearing in mind that **infliximab** substantially improved her medical condition? ANSWER: **Infliximab** (Remicade) has not been tested in pregnant animals because it does not interact with non-human tumour necrosis factor (TNF) alpha. Several case reports describing women who used **infliximab** during **pregnancy** do not suggest a strong association with adverse **pregnancy** outcomes. More studies are required to determine **infliximab**'s safety during **pregnancy**.

Tumour necrosis factor alpha and use of **infliximab**. Safety during **pregnancy**.
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; Adult; Antibodies, Monoclonal--adverse effects--AE; Antirheumatic Agents--adverse effects--AE; Humans; **Pregnancy**; Tumor Necrosis Factor-alpha--immunology--IM
Chemical Name: Antibodies, Monoclonal; Antirheumatic Agents; Tumor Necrosis Factor-alpha; **infliximab**

9/TI,AB,KWIC/24

Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)-alpha therapy.
OBJECTIVES: Anti-tumour necrosis factor (TNF)-alpha therapies are considered category B drugs for **pregnancy**. Although sometimes prescribed to women of reproductive age, data in humans are limited with regard to safety for a developing fetus. The objectives of the present article are to report experience of anti-TNF-alpha use in **pregnancy**, and review the international literature. METHODS: Since 1999 the present authors have used anti-TNF-alpha (**infliximab**, **etanercept**, adalimumab) to treat patients with various chronic rheumatic conditions. All patients were prospectively followed during their treatment time and data were systematically collected. RESULTS: In a group of 442 patients treated with anti-TNF, three women with RA unexpectedly became pregnant. One treated with **etanercept** chose a therapeutic termination at two and a half months, despite of any ultrasound anomaly, and satisfactory fetal growth. The other two patients (one with adalimumab exposure and one with **etanercept** exposure) delivered healthy infants. The following perinatal complications were observed: prematurity, neonatal jaundice, neonatal urinary Escherichia coli infection and adrenal congenital hyperplasia of probable hereditary origin. CONCLUSIONS: To date, there is no evidence that TNF-alpha antagonists are associated with embryo toxicity, teratogenicity or increased **pregnancy** loss. However, caution should be taken when anti-TNF agents are used during **pregnancy**, as human experience is still extremely limited, particularly in patients with rheumatic diseases among whom there are several alarming reports. The potential risk should be balanced against the known risks associated with DMARDs and steroid therapy. Large registries will be necessary before firm conclusions can be drawn.

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Descriptors: *Antirheumatic Agents--adverse effects--AE; *Arthritis, Rheumatoid--drug therapy--DT; ***Pregnancy** Complications--drug therapy --DT; *Tumor Necrosis Factor-alpha--antagonists and inhibitors--AI...; DT; Arthritis, Psoriatic--drug therapy--DT; Humans; Immunoglobulin G--adverse effects--AE; Maternal-Fetal Exchange; **Pregnancy**; **Pregnancy Outcome**; Prospective Studies; Receptors, Tumor Necrosis Factor
Chemical Name: Antibodies, Monoclonal; Antirheumatic Agents; Immunoglobulin G; Receptors, Tumor Necrosis Factor; Tumor Necrosis Factor-alpha; adalimumab; **infliximab**; TNFR-Fc fusion protein

9/TI,AB,KWIC/12

Review article: use of antitumour necrosis factor therapy in inflammatory bowel disease during **pregnancy** and **conception**.

10/614481 09/07/2006

BACKGROUND: One of the most frequently asked questions during consultation with those affected by inflammatory bowel disease is what are its effects on **pregnancy**, and how the treatment will impact on **conception** and **pregnancy** outcomes. AIM: To review available data regarding the safety of biological therapies during **pregnancy**, primarily in woman with inflammatory bowel disease. METHODS: A Medline search was performed and available original research and review articles relating to the use of biological (antitumour necrosis factor-alpha) therapies in inflammatory bowel disease were reviewed. Where information regarding the use of a drug in inflammatory bowel disease during **pregnancy** was limited, articles referring to its use for other indications, such as rheumatoid arthritis, were reviewed. CONCLUSIONS: Based on available data, biological therapies appear to be safe in **pregnancy**. Most studies looking at the effects of any one medication on **pregnancy** in inflammatory bowel disease are confounded by the fact that most patients are on multiple medications and have varying levels of disease activity. Stopping therapy in the third trimester should be considered. Large registries with longer follow-up periods will be necessary before firm conclusions about the safety of antitumour necrosis factor-alpha therapies during **conception** and **pregnancy** can be drawn.

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...Descriptors: Agents--therapeutic use--TU; *Antibodies, Monoclonal --therapeutic use--TU; *Inflammatory Bowel Diseases--drug therapy--DT; *Pregnancy Complications--drug therapy--DT; Adult; Humans; Infant, Newborn; Infertility, Male--chemically induced--CI; Preconception Care; **Pregnancy**; Treatment Outcome
Chemical Name: Anti-Inflammatory Agents; Antibodies, Monoclonal; adalimumab; **infliximab**

9/TI,AB,KWIC/9
DIALOG(R)File 155:(c) format only 2009 Dialog. All rts. reserv.

Treatment with tumor necrosis factor inhibitors and intravenous immunoglobulin improves live birth rates in women with recurrent spontaneous abortion.
PROBLEM: The purpose of this study was to investigate whether treatment with tumor necrosis factor (TNF) inhibitors combined with intravenous immunoglobulin (IVIG) increases live birth rates among women with recurrent spontaneous abortion (RSA) concurrently treated with anticoagulants (AC). METHOD OF STUDY: Seventy-five pregnancies in patients with a history of RSA were retrospectively evaluated. The population was divided into three groups: group I: 21 patients treated with AC (anticoagulants), group II: 37 patients treated with AC and IVIG, and group III: 17 patients treated with AC, IVIG and the TNF inhibitor **Etanercept** (**Enbrel**) or Adalimumab (Humira). In groups II and III, IVIG was administered at least once during the cycle of **conception** and/or at least once after a positive **pregnancy** test. In group III, either Adalimumab or **Etanercept** was administered by subcutaneous injection according to standard protocols. Statistical analysis of **pregnancy** outcome was performed using Fisher's exact test. RESULTS: Patient populations in the three treatment groups were similar in terms of age, past miscarriages, inherited thrombophilia and autoimmunity. The live birth rate was 19% (4/21) in group I, 54% (20/37) in group II, and 71% (12/17) in group III. There was significant improvement in **pregnancy** outcome in group II versus group I ($P = 0.0127$) and in group III versus group I ($P = 0.0026$). The live birth rate in group III compared to group II was not significantly different ($P = 0.3723$). Side effects of AC, IVIG and TNF inhibitor treatment were minimal in these patients, and no birth defects were identified in their offspring. CONCLUSION: In women with RSA, addition of either IVIG or a TNF inhibitor + IVIG to the AC regimen appears to improve live birth rates compared to the treatment with AC alone. The positive effect of IVIG and TNF inhibitor therapy on **pregnancy** outcome merits

further study in prospective clinical trials.

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... the treatment with AC alone. The positive effect of IVIG and TNF inhibitor therapy on **pregnancy** outcome merits further study in prospective clinical trials.
...Descriptors: and dosage--AD; *Immunoglobulins, Intravenous --administration and dosage--AD; *Immunosuppressive Agents--administration and dosage--AD; *Pregnancy Rate; *Receptors, Tumor Necrosis Factor --administration and dosage--AD; Adult; Drug Therapy, Combination; Humans; Middle Aged; **Pregnancy**; Retrospective Studies; Tumor Necrosis Factor-alpha--antagonists and inhibitors--AI
? t s9/3,ab/60,68,61,46,43,24,12,9

9/3,AB/60
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

15362396 PMID: 12966586
The use of **etanercept** and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.
Wallace Daniel J
Journal of rheumatology (Canada) Sep 2003, 30 (9) p1897-9, ISSN 0315-162X--Print Journal Code: 7501984
Publishing Model Print
Document type: Case Reports; Editorial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3,AB/68
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

14340440 PMID: 11712766
Successful **ovulation** induction, **conception**, and normal delivery after chronic therapy with **etanercept**: a recombinant fusion anti-cytokine treatment for rheumatoid arthritis.
Sills E S; Perloe M; Tucker M J; Kaplan C R; Palermo G D
Georgia Reproductive Specialists LLC Atlanta, USA. dr.sills@vf.com
American journal of reproductive immunology (New York, N.Y. - 1989) (Denmark) Nov 2001, 46 (5) p366-8, ISSN 1046-7408--Print Journal Code: 8912860
Publishing Model Print
Document type: Case Reports; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Etanercept (**Enbrel**; Wyeth-Ayerst/Immunex Inc, Seattle, WA, USA) is a subcutaneously administered novel fusion protein consisting of the extracellular ligand-binding domain of the 75 kD receptor for tumor necrosis factor-alpha (anti-TNFalpha) and the Fc portion of human IgG1. The agent is synthesized by plasmid transfection of a Chinese hamster ovary cell line, utilizing recombinant DNA technology. **Etanercept** was approved by the US FDA for treatment of multi-drug resistant rheumatoid arthritis in 1998, but no human data exist regarding the impact of anti-TNFalpha therapy on human reproductive function or its use before **ovulation** induction. As TNFalpha potentiates collagenolysis via matrix metalloproteinase gene expression (thereby facilitating **ovulation**), there exists a theoretical risk that TNFalpha-inhibition could exert an undesirable effect on **ovulation** and **pregnancy**. In this report, we describe the first case of **ovulation** induction, intrauterine insemination, normal **pregnancy** and singleton delivery of a healthy infant following chronic (>1 year) pre-ovulatory TNFalpha-inhibitor therapy for rheumatoid arthritis. Reproductive endocrinologists and obstetrician-gynecologists should be familiar with **etanercept** therapy in the context of severe rheumatic disease, and offer appropriate reassurance regarding its safe use for infertility patients planning **ovulation** induction.

10/614481 09/07/2006

9/3,AB/61
DIALOG(R)File 155:MEDLINE(R)
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15108347 PMID: 12653902
Pregnancy and exposure to **infliximab** (anti-tumor necrosis factor-alpha monoclonal antibody).
Burt Michael J; Frizelle Frank A; Barbezat Gil O
Journal of gastroenterology and hepatology (Australia) Apr 2003, 18 (4) p465-6, ISSN 0815-9319--Print Journal Code: 8607909
Publishing Model Print
Document type: Case Reports; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3,AB/46
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

16383202 PMID: 15888806
Adalimumab use in **pregnancy**.
Vesga L; Terdiman J P; Mahadevan U
Gut (England) Jun 2005, 54 (6) p890, ISSN 0017-5749--Print Journal Code: 2985108R
Publishing Model Print
Document type: Case Reports; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3,AB/43
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

16420205 PMID: 15934268
Tumour necrosis factor alpha and use of **infliximab**. Safety during **pregnancy**.
Shrim Alan; Koren Gideon
Motherisk Program, Hospital for Sick Children, Toronto, Ont.
Canadian family physician Medecin de famille canadien (Canada) May 2005, 51 p667-8, ISSN 0008-350X--Print Journal Code: 0120300
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
QUESTION: A 27-year-old patient of mine with rheumatoid arthritis has been treated with **infliximab** for the last 5 years. She is planning her first **pregnancy**. How should I advise her regarding use of **infliximab** during **pregnancy**, bearing in mind that **infliximab** substantially improved her medical condition? ANSWER: **Infliximab** (Remicade) has not been tested in pregnant animals because it does not interact with non-human tumour necrosis factor (TNF) alpha. Several case reports describing women who used **infliximab** during **pregnancy** do not suggest a strong association with adverse **pregnancy** outcomes. More studies are required to determine **infliximab**'s safety during **pregnancy**.

9/3,AB/24
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

17590244 PMID: 17158212
Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)-alpha therapy.
Roux C H; Brocq O; Breuil V; Albert C; Euller-Ziegler L
Rheumatology Department, University Hospital, Nice, France. roux101fr@yahoo.fr
Rheumatology (Oxford, England) (England) Apr 2007, 46 (4) p695-8, ISSN 1462-0324--Print Journal Code: 100883501
Publishing Model Print-Electronic; Comment in Nat Clin Pract Rheumatol. 2007 Oct;3(10) 548-9; Comment in PMID 17768415; Comment in Rheumatology (Oxford). 2007 Sep;46(9):1508; author reply 1508-9; Comment in PMID 17684027
Document type: Case Reports; Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
OBJECTIVES: Anti-tumour necrosis factor (TNF)-alpha therapies are considered category B drugs for **pregnancy**. Although sometimes

prescribed to women of reproductive age, data in humans are limited with regard to safety for a developing fetus. The objectives of the present article are to report experience of anti-TNF-alpha use in **pregnancy**, and review the international literature. METHODS: Since 1999 the present authors have used anti-TNF-alpha (**infliximab**, **etanercept**, adalimumab) to treat patients with various chronic rheumatic conditions. All patients were prospectively followed during their treatment time and data were systematically collected. RESULTS: In a group of 442 patients treated with anti-TNF, three women with RA unexpectedly became pregnant. One treated with **etanercept** chose a therapeutic termination at two and a half months, despite of any ultrasound anomaly, and satisfactory fetal growth. The other two patients (one with adalimumab exposure and one with **etanercept** exposure) delivered healthy infants. The following perinatal complications were observed: prematurity, neonatal jaundice, neonatal urinary Escherichia coli infection and adrenal congenital hyperplasia of probable hereditary origin. CONCLUSIONS: To date, there is no evidence that TNF-alpha antagonists are associated with embryo toxicity, teratogenicity or increased **pregnancy** loss. However, caution should be taken when anti-TNF agents are used during **pregnancy**, as human experience is still extremely limited, particularly in patients with rheumatic diseases among whom there are several alarming reports. The potential risk should be balanced against the known risks associated with DMARDs and steroid therapy. Large registries will be necessary before firm conclusions can be drawn.

9/3,AB/12
DIALOG(R)File 155:MEDLINE(R)

26879706 PMID: 18284649
Review article: use of antitumour necrosis factor therapy in inflammatory bowel disease during **pregnancy** and **conception**.
O'Donnell S; O'Morain C
Department of Gastroenterology, AMNCH/Trinity College Dublin, Dublin, Ireland. odonnes2@tcd.ie
Alimentary pharmacology & therapeutics (England) May 2008, 27 (10) p885-94, ISSN 1365-2036--Electronic Journal Code: 8707234
Publishing Model Print-Electronic
Document type: Case Reports; Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: One of the most frequently asked questions during consultation with those affected by inflammatory bowel disease is what are its effects on **pregnancy**, and how the treatment will impact on **conception** and **pregnancy** outcomes. AIM: To review available data regarding the safety of biological therapies during **pregnancy**, primarily in woman with inflammatory bowel disease. METHODS: A Medline search was performed and available original research and review articles relating to the use of biological (antitumour necrosis factor-alpha) therapies in inflammatory bowel disease were reviewed. Where information regarding the use of a drug in inflammatory bowel disease during **pregnancy** was limited, articles referring to its use for other indications, such as rheumatoid arthritis, were reviewed. CONCLUSIONS: Based on available data, biological therapies appear to be safe in **pregnancy**. Most studies looking at the effects of any one medication on **pregnancy** in inflammatory bowel disease are confounded by the fact that most patients are on multiple medications and have varying levels of disease activity. Stopping therapy in the third trimester should be considered. Large registries with longer follow-up periods will be necessary before firm conclusions about the safety of antitumour necrosis factor-alpha therapies during **conception** and **pregnancy** can be drawn.

9/3,AB/9
DIALOG(R)File 155:MEDLINE(R)

27429716 PMID: 18422811
Treatment with tumor necrosis factor inhibitors and intravenous immunoglobulin improves live birth rates in women with recurrent spontaneous abortion.
Winger Edward E; Reed Jane L
Alan E. Beer Center for Reproductive Immunology & Genetics, San Francisco, CA, USA. ewinger@sbcglobal.net
American journal of reproductive immunology (New York, N.Y. - 1989) (Denmark) Jul 2008, 60 (1) p8-16, ISSN 1046-7408--Print
Journal Code: 8912860
Publishing Model Print-Electronic; Comment in Am J Reprod Immunol. 2008 Jul;60(1) 17-8; Comment in PMID 18593433
Document type: Journal Article
Languages: ENGLISH

10/614481 09/07/2006

Main Citation Owner: NLM
Record type: MEDLINE; Completed
PROBLEM: The purpose of this study was to investigate whether treatment with tumor necrosis factor (TNF) inhibitors combined with intravenous immunoglobulin (IVIG) increases live birth rates among women with recurrent spontaneous abortion (RSA) concurrently treated with anticoagulants (AC). METHOD OF STUDY: Seventy-five pregnancies in patients with a history of RSA were retrospectively evaluated. The population was divided into three groups: group I: 21 patients treated with AC (anticoagulants), group II: 37 patients treated with AC and IVIG, and group III: 17 patients treated with AC, IVIG and the TNF inhibitor **Etanercept** (**Enbrel**) or Adalimumab (Humira). In groups II and III, IVIG was administered at least once during the cycle of **conception** and/or at least once after a positive **pregnancy** test. In group III, either Adalimumab or **Etanercept** was administered by subcutaneous injection according to standard protocols. Statistical analysis of **pregnancy** outcome was performed using Fisher's exact test. RESULTS: Patient populations in the three treatment groups were similar in terms of age, past miscarriages, inherited thrombophilia and autoimmunity. The live birth rate was 19% (4/21) in group I, 54% (20/37) in group II, and 71% (12/17) in group III. There was significant improvement in **pregnancy** outcome in group II versus group I ($P = 0.0127$) and in group III versus group I ($P = 0.0026$). The live birth rate in group III compared to group II was not significantly different ($P = 0.3723$). Side effects of AC, IVIG and TNF inhibitor treatment were minimal in these patients, and no birth defects were identified in their offspring. CONCLUSION: In women with RSA, addition of either IVIG or a TNF inhibitor + IVIG to the AC regimen appears to improve live birth rates compared to the treatment with AC alone. The positive effect of IVIG and TNF inhibitor therapy on **pregnancy** outcome merits further study in prospective clinical trials.
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Set	Items	Description
S1	151	TNF AND ENDOMETRIOSIS
S2	120	S1 AND PY>1999
S3	0	S1 NOT S2
S4	31	S1 NOT S2
S5	5739	(ETANERCEPT OR INFLIXIMAB OR ENBREL)
S6	8	S5 AND ENDOMETRIOSIS
S7	75	(ETANERCEPT OR INFLIXIMAB OR ENBREL) AND (CONCEPTION OR PREGNANCY OR OVULATION)
S8	75	S7 NOT S6
S9	75	S7 NOT S6DS

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$0.72 3 Type(s) in Format 3 (UDF)
$5.76 24 Type(s) in Format 4 (UDF)
$0.00 106 Type(s) in Format 6 (UDF)
$6.63 136 Types
$17.73 Estimated cost File155
$5.06 TELNET
$22.79 Estimated cost this search
$22.81 Estimated total session cost 3.559 DialUnits
Logoff: level 05.24.00 D 14:38:04